
ART. V.—MERITS AND MOTIVES OF THE MOVEMENT FOR ASYLUM REFORM.

BY EDWARD C. SPITZKA, M. D., NEW YORK.

(An Address delivered before the New York Neurological Society.)

IF a sweeping charge is made against a given system, even though the accompanying evidence may show it to be essentially truthful, yet such charge cannot become the basis for a proper conviction of the public mind, and consequent reform of abuses, until a period of time shall have elapsed sufficient to give those interested in the impeached system a fair opportunity for defense.

At the March meeting of this Society, the writer had made such charges against the inner circle, which, it was claimed, practically controlled the American Association of Medical Superintendents of Insane Asylums. Those charges and similar ones made before the New York Medico-Legal Society, received endorsements from the two committees appointed to report on the subject. Wide publicity has been given to the matter, and it may be supposed that through direct or indirect sources every superintendent of an asylum has been informed as to the facts. Since then, the American Association of Superintendents has held its annual meeting; delegates of that Association have also met in their special section of the American Medical Association, and three quarterly issues of the organ of the Asylum Association have been published. It is therefore fair to assume that the proceedings of the two meetings referred to, as well as the articles and comments in the *American Journal of Insanity*, constitute the extent of such defense as the present system of managing asylums is capable of.

I have therefore thought it well timed to review the whole discussion, and to recall professional attention to an important subject through this society. In fact, as the attorney of the Asylum Association has seen fit to cast aspersions and slurs

on the Neurological Society, it is fair that these should be taken up, as far as they can be taken up within the limits of parliamentary discussion, on this very floor.

It was anticipated by the writer, judging from the manner in which the writings of Wilbur, Folsom, Corson, Tourtellot, Storer, Allen and Sanborn had been treated by the asylum circle, that either no answer would be made to his paper, or that the only answer would be the well worn cry that its writer had never had an asylum under his charge, that he could, therefore, not know anything about the subject of insanity, and must necessarily be animated by personal motives.

In the main that prediction has come true; the editorial in the *Journal of Insanity* relating to the pending discussion states that the charges will not be taken up, "because the physician's time is but ill-spent in controversy," and further, that its writer will not stop to inquire where those active in criticizing asylums acquired their knowledge of insanity. We can understand the motives for his delicate handling of that subject; the reasons are clear to every member of this society!

But one form of argument has been employed by the defenders of the Association, which was not anticipated, as it could not have been, judging by the ordinary rules supposed to govern discussions in scientific bodies.

A gentleman who on a previous occasion* acted as the apologist and defender of his colleagues, assumed, and it appears from the discussion following his paper, was strongly pressed to assume, the advocacy of their cause in the present crisis. The reading of his paper was greeted with thundering applause by the Association as a body, the author received a perfect ovation of hand-shaking by its members, his paper was accorded the place of honor, and has been the only paper read at this year's meeting thus far published in the official organ of the Association; † contributions to his paper came

* "Mechanical Protection for the Violent Insane," read before the Association of Superintendents, at the meeting held in St. Louis, 1877, by Eugene Grissom, M. D.—*American Journal of Insanity*, July, 1877.

† "True and False Experts," read before the Association of Superintendents, at the meeting held in Washington, D. C., by Eugene Grissom, M. D.—*American Journal of Insanity*, July, 1878.

from superintendents in this and other States; in short, it must be regarded as the almost unanimous sense of the Association—we accept it as its most elaborate defense.

This defense might be disposed of very easily if taken up on its merits, for on those merits as a purely personal attack, in its language exceeding anything which has yet appeared in a professedly medical publication, we might refuse to consider it at all, and content ourselves with stating that such argument and writing were the most potent reasons for considering the criticisms which provoked it as well proven. But preferring to take up this subject only on an objective and exact basis, we shall consider the paper entitled "True and False Experts" just so far and no further than it may be considered as an indirect answer to "Reform in Scientific Psychiatry." That from the character and number of the arguments employed this subject is speedily exhausted is no fault of the present writer.

In the course of this paper, the defender of the Association, after devoting one-half of the same to a vituperative attack on a prominent physician, finds it necessary to explain to his hearers his reasons for so doing in the following words: "But in truth he is the type of a *reckless class of men* who are attempting to control the medical and even the secular press of the country, and to poison the public mind until they shall have worked upon popular ignorance and passion, to the destruction, as they hope, of the present method of providing for the insane in the United States. As individuals they are insignificant, but wild and unreasonable waves of folly sometimes arise in this country, and sweep with the velocity of our own prairie fires; * * * in fact, the *natural conservatism* of widely differing and separated classes of men throughout a great country like ours, as an *important factor in the social problem*, has almost disappeared under the rapid spread of spontaneous sentiment by modern methods of publication, aided by the telegraph."

In dealing with the term "reckless" as employed in this extract, our acceptance of the same as applied to ourselves depends entirely on the manner in which it was intended. If this term refers to our indifference as to how many

monopolies are destroyed and how many incompetent superintendents are weeded out, then certainly we are "reckless" on our own confession. That we are attempting to convince (not control) the medical journals, and to enlighten the secular press, we likewise plead guilty to; but we are not working on popular ignorance and passion, for it is only to the advantage of our cause to get the medical and lay public to take a greater interest of a *healthy and proper kind* in asylums. It is, however, "working on popular ignorance and passion" to attempt to appeal to religious and sectarian prejudices of the lowest kind, by attacking the religious belief of prominent advocates of reform, as is done by the Association of American Medical Superintendents. If we were attempting to arouse public attention by romantic accounts of illegal commitments of sane persons to asylums, the resulting "wave" of public feeling might reasonably have the term "folly" applied to it; but as we are endeavoring to convince those interested in these institutions that there are grave systemic defects, and are asserting, on the grounds of objective and inexpugnable testimony, that incompetent medical officers are appointed to asylums, and that the erection of extravagantly expensive hospitals tends to crowd out more than half of our insane from such benefits as asylum treatment is expected to give, we can justly claim that our efforts are tending to a cool and deliberate conviction of an intelligent laity and our own colleagues. The wave of public and professional feeling which may be expected, and is already commencing to "arise in this country," may not sweep over it with the "velocity" indicated, but it will certainly be considered a beneficial wave when its results become appreciated; we think that the absence of any cant, commonplace appeal or revolutionary tendencies from the present movement is its chief excellency. As to the latter part of the extract from "True and False Experts," if we do not interpret it incorrectly on account of an evident obscurity in style, it clearly proves that the modern instruments for disseminating knowledge are considered by superintendents to be inimical to themselves, and that their chief support is sought in the "natural conservatism" resulting from sectional feeling, local interests of an

exclusive nature, imperfect methods of communication and suppression of evidence.

The writer of the passage in question would undoubtedly have done his cause a better service by disproving at least some of the allegations made, or showing the fallacy of the arguments employed by those who differ from him, both as to questions of fact and opinion. He however contents himself with making counter-assertions, unaccompanied by argument of any kind, although the absence of argument is liberally made up for by personal invective. Thus, in reply to the conclusion, supported by the printed evidence furnished by asylum superintendents themselves, that the latter were far from perfect in their specialty, and either neglectful or untrustworthy as to their reported results, it is stated that "it is not outside the ranks of those who have given their lives to the practical cure and care of the insane, that Science will find her guides."

Then, as doubtless characterizing the manner in which this scientific guidance is supposed to take place, by the superintendents who endorsed this paper, he adds the following allegorical aspersion on pathological researches in insanity: "But it is at least absurd, that a captain who has sailed his ship over many stormy seas, should know less of navigation than the junk-dealer, who cuts up the hulk in port." By the "captain" is meant the asylum superintendent, by the "stormy seas," the career of the asylum patient, which may be boisterous and checkered enough under the influence of barbarous methods of restraint, callous medical supervision and narcotics, to justify the parallel; by the term "junk-dealer," the cerebral pathologist, who cuts up the "hulk," *i. e.*, the patient's body, in "port," that is, the autopsy room, is elegantly indicated. It seems that of all the allegations made against members of the asylum association, that referring to the absence or imperfect character of pathological researches, has called for the most comment. No member of the association has undertaken to show that our statement that their reported autopsies and microscopic results were founded on misinterpreted normal appearances, or artificial precipitates, was incorrect, nor has any member attempted to vindicate the

flagrant neglect of an important study. It seems strange, yet suggestive, that charges capable of either exact rebuttal or not, were not taken up. In stating that the photographs of cerebral tissue made in an asylum of this State, showed artificial precipitates, the writer laid himself open to a challenge of proof; as that challenge has not been made, I merely repeat my readiness to produce the artificial lesions in question in the brains of healthy *animals*, before the Association of Superintendents or a committee of that body.

The pathological aspect of the question is abandoned by the Association evidently, for on looking over their proceedings for this year, I find a statement is made in no relation whatever to the subject then under discussion, by a prominent superintendent, that "he did not believe that asylums were built for the purpose of furnishing autopsies." One involuntarily asks, why was this truism asserted in that place, for no one has to our knowledge asserted anything that could even be remotely construed as a belief that asylums were erected for such a purpose. That asylums are not founded with regard to future autopsies, does not alter the fact, that it is an unquestionable waste of a valuable material to neglect autopsies where the opportunity is offered. In reality the statement of that superintendent, made as it was, entirely unprovoked, was intended as an appeal to indifference, and must be condemned as an illegitimate attempt to attribute opinions to those interested in the present movement which they do not and cannot entertain.

It is further remarkable, that while, when pathological work is advocated by those who are not asylum superintendents, these advocates are disposed of with some such assertion as the one alluded to, this same work, even when demonstrably crude, deceptive and incorrect, becomes, when carried on by members of the inner asylum circle, the fit theme for those excessive adulations for which the Association is becoming celebrated to such a degree that one of their own number* did not hesitate to characterize his colleagues as a body of

* See in proceedings of Association, *Am. Jour. of Insanity*, July, 1878, the remarks of Dr. Wallace, of Texas, on "True and False Experts."

mutual admirationists. The same gentleman who stated that he did not believe that asylums were erected for the purpose of furnishing autopsies, can hardly measure his terms when lauding at the same meeting, the report of a post-mortem made by a Superintendent, whose achievement of one hundred and forty-five autopsies on less than forty-two subjects, we have recorded on a former occasion.

With the three quotations given we have exhausted the direct defense of the Association, made in "True and False Experts." In dealing with the remainder of the paper as briefly as we can, and avoiding all criticisms of its language or style, we wish it to be understood that we exclude from our scope, the fact that it was written by a violent partisan, and regard it merely as the official promulgation of the Association's defense. Whether the paper entitled "True and False Experts" is a pathological product or not, as far as its writer is concerned, does not interest us here; it was adopted almost unanimously, not in the heat of a moment, but after twenty-four hours of recess, and after the protest of Dr. Wallace had given the members of the Association abundant time for reflection. It consequently assumes a grave significance.

The gentleman whose record as an expert and an army officer is introduced into the paper referred to, was clearly not assailed because of that record alone. Its writer, if he had the purpose of making an example of incompetent psychological experts, could have found abundant and appropriate material for criticism, far more conveniently situated. We have on a previous occasion* adverted to the gross errors committed by asylum superintendents in several prominent medico-legal cases, and those very cases formed the subject of a paper read at the same meeting before which "True and False Experts" was read, and adopted without comment or criticism! If it had been his purpose on the other hand to condemn doubtful financial transactions, a glance at the review columns of the *JOURNAL OF NERVOUS AND MENTAL DISEASE*† would have indicated to him a fitter subject for discussion than is furnished

* "Real Asylum Abuses," a paper read before the N. Y. Medico-Legal Soc., March, 1878. Waltz and Grappont cases.

† Vol. V., p. 781.

by the fees paid to a medico-legal expert and consulting physician. That the latter was made the subject of an unprecedented attack for no other reason than because he was a prominent member of two committees appointed to report on papers dealing with real or pretended asylum abuses, is self-evident.

The question immediately presents itself, why was merely a committee member attacked, why were not the papers in question attacked, if not answered, instead? Why, notwithstanding the abundant and early notice given, did no superintendent venture to take up either paper, at the meetings, when they were read? That the notice given was taken cognizance of, can be readily demonstrated by the fact that a leading Superintendent of this State, through his willing instruments, endeavored to suppress the reading of one of them! That this was done proves further, that the leading members of the Association did not refuse to discuss the paper on account of its alleged unimportant character. By adopting the course they have adopted, of attacking not the arguments, and questioning the facts adduced, but of vituperating a third party, the Asylum Association has been guilty of a *petitio principii*.

To charges that medical superintendents neglect or distort the pathological study of insanity, they reply that asylums are not built for the purpose of furnishing autopsies; to the assertion that they are *not* appointed to their positions on grounds of special proficiency or ability, they answer that a member of this Society is a "false expert;" and to the statement that they treat their patients with a neglectful and cruel routine, and cause damage by employing unphysiological methods of restraint, their only reply is to call up religious and sectarian prejudices of the most doubtful character, in their favor! We need not ask the question of any enlightened body of colleagues, whether such a procedure could be employed by any Association which has the shadow of a right to call itself a scientific one. Nor need we suggest that the justness of their cause is to be measured by the weapons they have employed.

In declining to discuss the main points at issue, and first de-

viating from the path of open and truthful discussion, the Association has shown the innate weakness of its position, and we conclude this to be the best omen in favor of the ultimate success of Asylum Reform. For while it is easier to question an opponent's motives than to disprove his arguments, the pending question, which it would in its present state be absurd to refer to personal grievances, but which is founded on deep-seated systemic abuses, cannot be argued on personal, religious and political, but solely on scientific grounds.

The position of the outside profession, and especially of those interested in nervous diseases, is not that they have merely the right to inquire into the subject of asylum abuses, but it actually becomes their duty to do so, as the sole guardians of the public in medical matters. Nor need they wait as timid apologists for such fragmentary volunteer information as those at the head of asylums may condescend to furnish, but they should insist on a personal examination, with all the authority which their position as public enlighteners gives them. In such an examination, the personal feelings, the supposed monopolies of superintendents, and the slanderous opprobrium showered down on all who may venture to question the immaculate character of the latter, can form obstacles of no moment. The chief obstacles in the way of the inquiry will be the confused manner in which the records are kept, and the, I regret to say, misrepresentation to which some superintendents do not hesitate to resort. Such misrepresentation has not failed to blind the eyes of a no less acute observer than Dr. Bucknill, who, when he visited an asylum of this State, was told that they "did not use restraints" by the superintendent, but also found the latter indisposed to discuss the subject. The fact was that the cribs and other instruments of restraint were removed and locked up, and came to light only after Dr. Bucknill was safely on board the vessel which was to carry him back to England. That superintendent subsequently endeavored to elude the quandary in which he was placed, by stating that he had said "we do not use seclusions." What Dr. Bucknill, who had seen with his own eyes that restraint had been abandoned at least during the term of his visit, thought of this excuse may be judged from

the fact, that he has not changed one word of his text, but prints in a foot note the second misrepresentation (which was to remedy the first) without a word of comment.

I have strong circumstantial and also exact evidence, that in an asylum to be more specifically indicated on some future occasion, a certain proportion of patients who die from the results of excessive restraint and violence at the hands of attendants, or from poisoning by narcotics, are knowingly reported to have died from incidental affections, in contravention of both the truth and the law. How closely intrenched superintendents are behind the vail of secrecy which covers most of the transactions in an asylum, could be illustrated no better than by the following case: A patient is brought to an asylum in a very weak and atonic state, suffering, so the superintendent expresses it, from "softening of the brain;" he is quartered with another patient, who for years has been quiet and orderly, whose form of insanity did not manifest itself in maniacal or destructive acts. One morning it becomes necessary to transfer the first patient to the hospital ward, he being nearly beaten to death; he has long straight marks upon his back, across his face and chest. As a result he is so weak that he can hardly speak distinctly, but has sufficient recollection of the occurrence to state that the person who abused him wore the uniform of an attendant. He never rallies, but dies from the effects of the injuries received. The death certificate states the cause of death to have been softening of the brain, no autopsy having been made.

Now the relatives unfortunately not notifying the coroner in time, made the matter the subject of a newspaper inquiry, and the superintendent gave the following explanation of the occurrence: "The new patient attacked the other one, previously in the room, during the night; no noise was heard by anyone." The utensil used was stated to have been a chamber-pot, which produced marks linear in direction and of considerable length as aforesaid! At the same time no such utensil was reported as broken from that ward. The hospital attendant on being pressed to give his opinion as to the nature of the bruises by one of the commissioners, for a long time hesitated, fearful of losing his position if testifying against a superior officer,

but being guaranteed by the commissioner against such a result, stated with decision that the marks in question must have been produced by a club or strap. The decided way in which the Medical Superintendent gave his testimony sounds remarkable, when it is recollect that he was not in the asylum at the time, and did not return to it for twelve hours after the fracas. No one who has the ability of judging as to the value of evidence from its inherent character, will come to any other conclusion than that the patient in question probably died from the results of his injuries, or at any rate that his death was accelerated thereby, that he was beaten with a club or stick in the hands of an attendant, and that the story referring to a quarrel between two patients, and the usage of a chamber-pot as an offensive weapon, as well as the assigned cause of death, constitute a concocted evolution from the imagination.

But let us accept the explanation of the asylum authorities as true; what shall we say of a management which permits two patients to beat each other to death with weapons whose wielding implies the production of considerable noise at the dead of night? What of an asylum whose record of accidents during the current year, a record which is by no means exhaustive, sounds like the list of casualties of a Bulgarian campaign? Three patients beaten to death, one of whom has twelve ribs broken! One patient boiled to death, by having the hot water turned on him in a bath, while the attendant went out of the asylum building, leaving the helpless paralytic to his horrible fate, and several patients drowned, by falling off the asylum dock, in epileptic convulsions! These accidents do not exhaust the list. At least an equal number are not reported, and even the few brought to light, would not be so, but for the vicinity of the asylum in question to a large city. If concealment is possible even here, what may not be possible in an asylum remote from any capital?

We have not even the consolation afforded us, that of protecting the insane wards of the State; if the State Commissioner of Lunacy had the good intentions, he would be able to get witnesses to alleged atrocities and abuses. It is a notorious fact, that the financial and political patronage wielded by some superintendents, is such that no subaltern officer would dare

to breathe a whisper against the management or to testify even as to matters of fact, for fear not only of losing his position, but of becoming ostracised, by the town near the asylum, whose real or supposed interests are tied up in such an institution. Without remedying the disgraceful system of rendering it a matter of pride for a few provincial politicians, banded together as a board of trustees, to rob the State at large unblushingly for the benefit of local interests, and to hushing up everything that might reflect on their management, we cannot hope to obviate the individual abuses which are the outcome of this system. This system of fostering conservatism and corruption, which wisely endeavors to screen its mechanism from the public, is the most potent defensive weapon of the asylum association.

One would suppose that in the abstract, the appointment of a Commissioner in Lunacy should act as a check to abuse. Those who presupposed this evidently did not permit the reflection to enter their calculations, that to appoint an individual who had never had any experience with the insane, but was the close personal friend of the superintendents, to such a position, would defeat the true intent of the law. So it has proved. In the instance of this State a State Commissioner appointed to stand between asylum officer and patient, where abuses exist or are possible, actually stands between the public and the superintendents, to the prejudice of the former. We regret that as a single officer, the *man* is not separable from the *office*, which latter alone furnishes our subject for criticism; but the frequency with which superintendents have in this State crushed investigation by referring to the fact, that abundant supervision was provided for by the appointment of this officer, has become such that a little light shed on his activity may be of use in the study of the subject.

It has been shown by published official reports, quoted by Dr. Wilbur,* that our State Commissioner of Lunacy, to use that writer's words, "directly and indirectly commended the management" of the criminal insane asylum at Auburn. At

* "Management of the Insane in Great Britain," by H. B. Wilbur M. D., Medical Superintendent of the State Asylum for Idiots at Syracuse.

a time when patients had pistol-shots fired into them by the superintendent, where patients were hung up by the wrists for hours, where the wards were a stencil to the nostrils, the food unwholesome, the bedding covered with vermin, and the closets reeking with filth; where punishments were the order of the day, even women being "paddled," and where attendants freely confessed that the superintendent had "blackened the eyes" of patients, and that they did not think anything of following his chivalrous example. It is a matter of notoriety to every one here present to-night, that the Commissioner of Lunacy has not unearthed or reformed a single abuse while in office, but that such unearthing has uniformly come from the daily press, or from the relatives of those involved in the maltreatment to which patients are subjected. It is equally a matter of record and public knowledge that changes of the most remarkable character have been made by the trustees or commissioners supervising asylums, changes involving the removal of indifferent men, replacing them occasionally by those who were worse, or no better, without that the State officer referred to, saw fit to interfere. So long as by these promotions, removals and supersedences, no member of the asylum circle suffered, or no opponent of the asylum circle profited, the Commissioner of Lunacy maintained a dignified reserve. But on a recent occasion his solicitude for the interests of the asylum circle has come out with so little concealment, and we were about to say with such strange ostentation, that we in this single instance discover what he conceives to constitute the true functions of his office, namely, to maintain inviolate the principles which, analogous to those which govern "trades-unions," rule the Association of Medical Superintendents. For all the commissioner cared, patients might force their way through defective window bars in the Flatbush Asylum, and kill themselves by falling from the fourth story of the building; weekly escapes of dangerous lunatics might vary the somewhat tame character of the Brooklyn newspaper column of items; attendants commit, unpunished, the most cruel atrocities on helpless patients. It was not until a physician known to be an advocate of reform in our institutions for the insane, was appointed to that asylum, that

he saw fit to interfere, and has endeavored, as we hear, unsuccessfully, to annul the appointment. What shall be said of such outspoken advocacy of the very circle he is appointed to supervise, what of the dictum coming from him who refers the etiology of insanity to a corn and salt pork diet,* that the new appointee has never had charge of the insane, and can consequently know nothing about insanity? Why has he permitted physicians to occupy such positions who not only had never even visited an asylum, but who did not make nor possess the remotest claim to being considered neurologists? Finally, before what tribunal has the State Commissioner of Lunacy demonstrated his own knowledge of the subject, such knowledge being necessarily a *conditio sine qua non* of his liberty to judge of the knowledge of others? Probably before a tribunal composed of such superintendents as have made out "feigned" and "moral" insanity to be identical, who are incapable of either classifying or diagnostinating insanity, or who from the fact that by employing the same re-agents, they have produced the same artificial lesions in the brains of those suffering from the most opposite forms of insanity, arrive at the conclusion that insanity is the result of a single *diathesis*!† We can hardly find language appropriate to the occasion, to characterize the action of the Commissioner, without violating the principles of scientific discussion.

We think from what has been thus far adduced, that it is patent, that since our charges were first made, not a single one has been materially impeached. To our objections against the inhuman abuse of restraint, the answer is a panegyric of the crib;‡ the same apparatus which, singularly enough,

* Annual Report of the State Commissioner of Lunacy, 1876, pages 15-17.

† J. P. Gray. *Pathology of Insanity.* *American Journal of Insanity*, July, 1874, page 12, lines 29-30.

‡ *American Journal of Insanity*, April, 1878. Editorial. The editor, besides adducing confirmatory evidence from a British conservative, one of those who proves that certain characteristics of American Superintendents have not yet been reformed away in Great Britain, attempts to sneer down our statement that, the struggles of the patient in the crib coupled with the horizontal position induced by that instrument, produced congestion in an already hyperæmic brain, of such a degree as to provoke permanent structural damage, if not actually and immediately fatal to the patient. That

although abundantly represented in the wards of the Utica asylum, both before and after Dr. Bucknill's visit, could not be found (at least in unlocked rooms) while Dr. Bucknill was present.

Our charges as to the neglect of pathological and other scientific work, have been answered in the manner indicated previously. No attempt has been made to reply to our strictures on the financial management, the discharge of dangerously insane patients, the improper retention of those who are cured, or harmlessly insane, the designed or undesigned falsification of statistics relating to the increase of insanity and recovery of patients, as well as of the death-rate! And yet most of these charges are supported by the evidence of the best alienists in this country. But it is not only on the confirmatory evidence of the independent and fearless among the superintendents of this land, such as Pliny Earle, Chapin, Reynolds and a few others, that we find a strong support of the truth and justness of our allegations: even a transatlantic journal of no mean merit has endorsed them in the main.* Overwhelming evidence is crowding in from every quarter in their favor, and before long an official committee will doubtless

opinion, confirmed by one autopsy, made by myself, was promulgated among others by the great psychiatric teacher of central Europe, Professor Meynert, and the contumely with which the editor of the Asylum journal treats our statement, applies as a result to Professor Meynert himself. We need not add that it falls back on that editor with double force. In some of his earlier compilations, congestion of the brain is obscurely brought in as a basis of insanity. He has evidently forgotten this, and this we could readily understand, if the statement is true that the editor in question writes his pathological products with the pen of a special pathologist.

* The *Journal of Mental Science* accepts the facts given in "Reform in Scientific Psychiatry" as correct, and warns the Association of Superintendents that the "close corporations way" should end, a warning which we do not think will be heeded. As to the strictures on the style and terms of that paper, I have nothing to add to the editorial vindication made in this journal's last number, except that I certainly have the excuse of precedent. Two years ago there was a controversy in the *Journal of Mental Science* between one of its editors and Dr. Crichton Browne, in relation to the classification of Skae. It was a purely scientific controversy, while our American Asylum controversy has to deal with financial and other misrepresentations of the most flagrant character; Dr. Clonston's reply to Dr. Browne is, however, couched in language far stronger than my own, when the occasion is taken into account.

have the opportunity of locating the abuses adverted to more accurately, than is possible within the limits of this paper.

I think that we all look to some official mode of taking evidence in this matter, in the hope that as soon as this evidence becomes a matter of record, the bitter tone adopted by those engaged in the controversy will cease, and every excuse for making personal onslaughts and questioning motives will be removed. The discussion of this subject has now reached a point beyond which it cannot proceed much for the present; thus far the object of those who are criticizing asylums has merely been to show that an investigation was not only desirable, but highly necessary. When the results of that examination shall be made public, then they will be called on to suggest remedies for abuses, and improvements of defects. If circumstances over which they have no present control should prove favorable, it will lie in their hands, not only to elevate science, to raise the tone of an important branch of the medical profession, to benefit both the practitioner, student and clinical teacher, and to ameliorate the condition of the insane, but even to improve on the asylums of the Old World, and to render ours models.

In none of the criticisms on American Asylums has it been even hinted that American physicians and the American people could do no better in this field. We were content to show that a close corporation and an unfortunate fusion of political with medical interests (always a monstrosity) has prevented them from exercising their genius and talents to the full of their natural extent. On the contrary, we see no reason why, supported by a public which has ever stood foremost among the nations of the earth when financial sacrifices were required for charitable purposes, the asylum physician of the future on this side of the Atlantic should not fairly rival his colleagues on the other. It is true that progress in this field cannot be sudden. Hard, earnest labor alone will be able to draw the field of psychiatry from the slough of despond into which it has sunken in every scientific and administrative respect, but a cool, honest, and logical exchange of views between the fair-minded will certainly result in a uniform and enlightened system of managing insane asylums in the near future.

No *a priori* or hasty generalization should be allowed to tincture our cause with even the slightest shadow of an error, nor should we declare ourselves the blind followers of any exclusive system, without having first made a deliberate and careful trial on the merits of such system ourselves. The progress of true opinion is necessarily slow, and it is rather checked than advanced by the employment of invective or commonplace. To invective and commonplace, as employed against the advocates of reform, the latter can well afford to be silent, for even the deserved irony with which those who wield such weapons may be treated by the maligned individuals merely furnishes an excuse for a repetition of the offense.

We already perceive the dawn of the day when incompetence and unreliability in high places will cease to exist; when the respectable minority of superintendents, whose only fault in the past has been that they have shown too little energy in combating the conservative spirit of their colleagues, will find it high time to awaken from their passivity, and deprive the opponents of the pending movement of that clamorous argument (untrue even as it stands) that not one of the advocates of reform has ever been in an asylum as a physician.

One prominent superintendent has already been cited before the Comptroller of his State to show his financial vouchers for the past five years, and it is very likely that if the investigation of these documents proves to be more than a surface examination that the revelations of extravagances and looseness in accounts will considerably startle the general public. Two superintendents, both bitter enemies of investigation and liberal management, have, we blush to record it, been dismissed from their positions for being repeatedly intoxicated, and there is other evidence at our disposal to show that breaches of professional behavior may become too gross even for trustees of asylums to tolerate. These acts, individually, are of no import, but they serve to show that, notwithstanding the strong political and personal influence enjoyed by such men, their positions are not always invulnerable.

The action of Dr. Hiram Corson in reference to the asylums of Pennsylvania may serve as an example which it will be advantageous to follow.

That physician, finding that many of the delusions of female patients bore reference to the male assistant, and imbued with the fact that where uterine or other pelvic disease had an etiological relation to the insanity of such patients, mutual embarrassment might and would operate as an obstacle to a free communication of the symptoms, was induced to consider the feasibility of having at least one female physician appointed for the female side of the hospital. He found that there were other reasons for considering such an innovation as a good one, and as trustee of the Harrisburgh Asylum, he suggested this plan. It was, as might be expected, met with ridicule, and opposed rancorously by the Superintendent. Dr. Corson, however, submitted his project to the Medical Society of his State. It was unanimously indorsed, and the influence of the society has been brought to bear upon governmental circles in such a way that we have no reason to doubt that this excellent innovation will be made. If it is, then I am borne out in my prediction that possibly American asylums may become the pioneers in such reforms as have not even been contemplated in the Old World.

It may be well to propose an outline of the objects of reform, both to give a basis for the discussion, which I hope will follow within as without the Society, as well as to deprive those who resort to improper methods of debate, of every excuse for misrepresenting our objects and motives.

I. Mechanical restraint of any nature, as well as the employment of such narcotics as permanently damage the nervous system, should be reduced to the greatest possible minimum.

II. Such methods of mechanical restraint as are cruel and unphysiological, should be forbidden by law, and no instrument, which like the crib, is open to such objection, should be permitted within the confines of any hospital for the insane.

III. A careful physiological and therapeutical study of those neurotic medicines, which like the bromides, chloral hydrate, opium and anil nitrite are extensively used in asylums, should be made, as a basis for a future more rational therapeutics, founded not on routine principles, but on individual indications.

IV. Decentralization of the asylum buildings, being the plan

which is recognized as the best, both from a hygienic and financial point of view, by those engaged in constructing general hospitals, and demonstrated to have been accompanied by excellent results, in the case of such asylums as that at Willard, N. Y., should be adopted as a basis for all future asylum constructions.

V. More stress must be laid on furnishing employment, suitable to the habits and inclinations of patients, as an important factor in mental therapeutics, than is at present done.

VI. The medical superintendent ought to become an exclusively medical officer, and delegate such duties as have no immediate relation to the welfare of his patients to civil officials.

VII. Every district which is taxed to support an asylum, should have an adequate representation in the Board of Trustees of that institution. The cities of New York and Brooklyn pay more than one-half the cost of erection and maintenance of State asylums like that at Utica, but neither of these cities enjoys the slightest benefit from these institutions, preferring to build their own asylums to paying the exorbitant charges imposed by a local Board of Trustees. This is a clear violation of the principles on which a Republic is founded, whose forefathers declared that taxation without representation is tyranny.

VIII. An accurate register should be kept, not only of the number of patients as a whole, but of the actual form of insanity from which they are suffering. In the statistics of causation, only causes to which the disease can be clearly assigned should be taken account of: the elastic terms, "over-work," "excitement," and the like are too frequently rendered a refuge for all cases which cannot be otherwise determined.

IX. In order to be able to compare the death rates properly, the annual reports should not limit themselves to chronicling the deaths which take place in the asylum, but also those which take place in the case of persons discharged insane, and suffering from fatal diseases contracted prior to or during the asylum sojourn.

X. Each asylum should have its assigned district, and should

publish with its own tables a table exhibiting the number of insane in that district, who have either been already inmates of the asylum, now discharged, or whom it has never been found necessary or possible to send there. No opportunity otherwise exists of determining the utility of the asylum, or the rate of increase or decrease of insanity in a given territory.

XI. A general and equitable distribution of the means for treating the insane ought to be made; it is unjust and uncharitable to construct asylums at such a cost that only a limited number of the insane can be accommodated, while an equal or even a larger number are crowded out.

XII. In the registered tables of admissions to asylums, it should be distinctly stated how many are cases of re-admission, and whether on the occasion of their previous discharge they were reported as cured, improved or unimproved.

XIII. Every case of seclusion or restraint should be reported, and the reasons for such restraint or seclusion given. Every accident, its details and causes, avoidable or unavoidable, and the results of all official inquiries relating to the same, should be briefly published in the annual reports.

XIV. Autopsies in public asylums should be made compulsory by legal enactment, and the coroner of the district should be authorized to be present at every autopsy made, if he arrives within a reasonable time. Accurate register of the morbid appearances, especially of the nervous system, of the weight of the nervous centres in their aggregate, and in segments, and of asymmetries in the peduncular tracts, and aberrations of the convolutions, should be taken, and preserved for future study. The autopsy should under all circumstances be made by the asylum physicians themselves, as none of the manipulations above alluded to need to conflict with the purposes of an inquest, when the latter is necessary.

XV. At least one-third of the number constituting a Board of Trustees of a public Lunatic Asylum, should be composed of physicians; the legal profession ought also to be adequately represented in that body.

XVI. Physicians should not be appointed for a given number of years, but for life and during good behavior. It may be desirable to fix a limit as to continuance in office during

old age, in which case a pension-minimum for old and faithful servants of the public may fairly be asked for.

XVII. In every large State, at least three Commissioners of Lunacy will be found necessary; one of these Commissioners should be a medical practitioner, the second a lawyer, and the third a physician who has at some time himself been a medical officer in an asylum.

XVIII. No asylum medical officer should be discharged from his position, except for incompetency, misdeemeanor or disability in office. Deception in statistical reports, or financial misrepresentations naturally come under the second head, and should be so specified in the code relating to asylums.

XIX. The Statutes relating to the care and custody of the insane, in most of our States, require a careful and thorough revision.

XX. As soon as it will become possible to unite the supervision of our asylums in some central National Board of Officers, the State Commissioners in Lunacy should be superseded by National Commissioners.

These are a few of the suggestions which present themselves, and which, subject to the approval of the Society, may approximately reveal the objects of those now engaged in working out the problem of a scientific and liberal management of our asylums. There are many other topics relating to the care of the chronic insane as contrasted with the care and cure of the recent insane, and the combined or separated management of those of different sexes suffering from mental disease, as well as the distribution of the insane in wards of different construction, in accordance with the different requirements of their cases, whose consideration we defer to some future time. Then it may have become more evident, than it now is, that the medical profession as a whole, and those engaged in the study of nervous diseases in particular, will be called upon to rectify the short-comings of those who, as superintendents of insane asylums, have failed to recognize, that accuracy as to reported facts, correct logic in forming conclusions, and a liberal scientific spirit, are far better defenses against outside distrust and prejudice than monopoly, secrecy and cant.